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| CLAIMS ONLY | Application Number <div style="font-size: 1.2em; font-family: cursive;">09/964754</div> | Filing Date |
| Applicant(s) | | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--|--------|--|-------|--|--------|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | | Depend | | Indep | | Depend | |
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| Total Indep | 7 | | | | | | | | | | | | | |
| Total Depend | 10 | | | | | | | | | | | | | |
| Total Claims | 17 | | | | | | | | | | | | | |
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| Total Indep | | | | | | | | | | | | | | |
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Notes